This Instrument Prepared By:
BROKERS ESCROW SERVICES, INC.
200 Nashboro Blvd., PO Box 17116
Nashville, Tennessee 37217

Recording Information:

SEND TAX BILL TO:
ADDRESS NEW OWNER:
Regional Holdings LLC
PO Box 707
Clarksville, TN 37041

Karen Johnson Davidson County
Batch# 319494 DEEDWARR
11/25/2019 03:25:30 PM 4 pgs
Fees: $23.00 Taxes: $1,258.00
20191125-0121768

MAP 071 15 0 267.00

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, cash in hand paid by the hereinafter named "GRANTEE", and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, **Edward Marcus Colson and Robert L. Colson** hereinafter called the "GRANTORS", have bargained and sold, and by these presents, do transfer and convey unto **Regional Holdings LLC, a Tennessee limited liability company**, hereinafter called the "GRANTEE", its successors and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

A certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to wit:
Being Lot No. 27, on the Plan of Sharpe and Horn's Second Addition to Northeast Nashville, a plan of which is of record in Book 161, page 53, Register's Office for said County.
Said Lot No. 27 fronts 50 feet on the east side of North First Street and runs back between parallel lines 145 feet, more or less to an alley.

Being the same property conveyed to William M. Colson, Edward Marcus Colson, and Robert L. Colson, as joint tenants with rights of survivorship by Quitclaim Deed dated July 23, 2015 of record in Instrument No. 20150724-0073058 in the Register's Office for Davidson County, Tennessee. William M. Colson having since died, (his Death Certificate is attached as Exhibit A, and TennCare Release is attached as Exhibit B), leaving Edward Marcus Colson, and Robert L. Colson as surviving tenants with rights of survivorship.

Taxes for the current year have been settled between the parties. Said property is transferred subject to the following matters:

Subject to all applicable zoning and planning restrictions, and all health department rules and regulations that may affect the premises.
Subject to all covenants, subdivision restrictions, easements and other matters of record in Plat Book 161, page 53, said Register's Office.
Subject to all of those facts, conditions and limitations shown on the Plat of record in Book 161, page 53, Register's Office for Davidson County, Tennessee. Reference is here made to said Plat for a more complete depiction of the terms and details thereupon.

This is improved property known as 1219 Dickerson Pike, Nashville, Tennessee 37207.

GRANTOR makes no representation or warranty, express or implied, as to the exact amount of acreage or square footage in the property, or as to the ownership of the minerals located on, under or within the property. Grantor makes no representations or warranties, express or implied, with respect to the condition of the property conveyed hereby, includingany improvements located thereon, including, without limitation, the habitability, condition or fitness thereof for any particular use or purpose. Grantee agrees that the property conveyed hereby, including any improvements located thereon, is conveyed by Grantor and accepted by Grantee in an "as is, where is" and "with all faults" condition.

THIS conveyance is made expressly subject to all covenants, conditions, restrictions, and reservations contained in former deeds and other instruments of record applicable to said property, insofar as same are presently binding thereon, and to any easements apparent from an inspection of said property.

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said "GRANTEE", its successors and assigns, forever, and,

GRANTORS do covenant with the said "GRANTEE" that they are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and warrants that the same is unencumbered, unless otherwise herein set out; and,

"GRANTORS", do further covenant and bind themselves, their heirs and assigns, to warrant and forever defend the title to the said land to the said "GRANTEE", and its successors and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

WITNESS our hands this the 25th day of November, 2019.

Edward Marcus Colson

Robert L. Colson

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Edward Marcus Colson and Robert L. Colson**, the bargainors, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the within Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 25th day of November, 2019.

NOTARY PUBLIC

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY MY COMMISSION EXPIRES MAY 6, 2023

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual value or consideration, whichever is greater, for this transfer is $340,000.00.

AFFIANT

Subscribed and sworn to before me on this 25th day of November, 2019.

NOTARY PUBLIC

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY MY COMMISSION EXPIRES MAY 6, 2023

CERTIFICATION

I, Rebecca Waynick, do hereby make oath that I am the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Rebecca Waynick

State of Tennessee; County of Davidson On this day of November, 2019, personally appeared before me, a notary public for this county and state, Rebecca Waynick, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Caitlin Marie Smith
My Commission Expires:

CAITLIN MARIE SMITH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES SEPTEMBER 7, 2021

STATE OF TENNESSEE
Office of Vital Records

Exhibit A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): William Malcom Colson
2. SEX: Male
3a. DATE OF DEATH (Month, Day, Year): September 20, 2015
4. TIME OF DEATH (Approx): 9:27 AM
5a. AGE-Last Birthday (Years): 73
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August [illegible], 1942
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
8b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

8c. FACILITY NAME (If not institution, give street and number): Alive Hospice - Skyline Madison Campus
8d. CITY OR TOWN: Madison
8e. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Katherine Little
11a. DECEDENT'S USUAL OCCUPATION: Auctioneering
11b. KIND OF BUSINESS/INDUSTRY: Self Employed Auctioneer

12. SOCIAL SECURITY NUMBER: 3654
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 2012 Beech Avenue
13e. APT. NUMBER:
13f. INSIDE CITY LIMITS: ☒ Yes ☐ No
13g. ZIP CODE: 37204
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT, (Follow by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death):
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☒ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino):
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be):
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): George M. Colson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Hazel Caldwell Colson

DISPOSITION

20a. INFORMANT'S NAME: Katherine L. Colson
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2012 Beech Avenue, Nashville, Tennessee 37204

21a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☒ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Courtney Summer Hise
22b. LICENSE NUMBER: 6897
22c. SIGNATURE OF EMBALMER: ▶ Blake Carroll
22d. LICENSE NUMBER: 6791

23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home, 660 Thompson Lane, Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Rhodes (DR)
25. DATE FILED (Month, Day, Year): Sept. [illegible] 25, 2015

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER (Check only one):
☒ 26a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
☐ 26b. MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 45942
27c. DATE SIGNED (Month, Day, Year): 09/24/15
27d. NAME AND ADDRESS: Ann T. Meadows, M.D. 1718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of):	
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DVT

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

FH-1659 (Rev. 10/2011) RDA 1399

8237570

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

8237570

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: SEP 29 2015

THE GREAT SEAL OF THE STATE OF TENNESSEE – DEPARTMENT OF AGRICULTURE – 7796

DEPARTMENT OF HEALTH – DEPARTMENT OF AGRICULTURE – DEPARTMENT OF COMMERCE – TENNESSEE

CERTIFICATION OF VITAL RECORD

201911250121768

Exhibit B

FILED
2015 NOV 18 PM 12:21
RICHARD R. ROOKER, CLERK
D.C.

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Bill Haslam
Governor

Mark A. Emkes
Commissioner

11/13/2015

PEGGY MATHES
LEGAL COUNSEL
20 ACADEMY PL
NASHVILLE, TN 37210

RE: WILLIAM COLSON
Last Four Of SSN 3654

Dear PEGGY MATHES:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Jangela J. Howard

201911250121768